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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **TRANSMITTAL** for FY 2005

OTAL AMOUNT OF PAYMENT

plicant claims small entity status. See 37 CFR 1.27

630.00

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Complete if Known					
Application Number	09/926,585				
Filing Date	November 21, 2001				
First Named Inventor	Teddy Furon				
Examiner Name	Abolfazl Tabatabai				
Art Unit	2625				
Attorney Docket No.	PF990030				

METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):									
Deposit Accou	Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING INC.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
	ee(s) indicat	ed below		☐ Charge fe			t for the filing fee		
			derpayments o		overpayment				
fee(s) under	37 CFR 1.1	6 and 1.17							
WARNING: Information information and author	n on this form rization on PT(	may become pui 0-2038.	olic. Credit card i	nformation should no	t be included on	this form. Provid	de credit card		
FEE CALCULATION					<del>-</del>				
1. BASIC FILING, SE	EARCH, AND	EXAMINATIO	N FFFS						
	FILING I	FEES	_	CH FEES	EXAMINA	TION FEES			
		Small Entity		Small Entity		Small Er	ntity		
Application Type	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F	EES .					Small E	ntity		
Fee Description					<u>Fee</u>	<b>⇒</b> (\$)	Fee (\$)		
Each claim over 20 (incl	-	•			50		25		
Each independent claim	•	ng Reissues)			200		100		
Multiple dependent clain Total Claims		tra Claims	Fee (\$)	Foo Boid (6)	360		180		
	or HP =	ina Ciainis		<u>Fee Paid (\$)</u>		<u>itiple Depende</u> ∋ (\$)	Fee Paid (\$)		
HP = highest number of					100	<u>- 147</u>	ree raid (4)		
Independent Claims	<u>Ex</u>	tra Claims	Fee (\$)	Fee Paid (\$)	-				
	or HP =	· · · · · · · · · · · · · · · · · · ·		=					
HP = highest number of		aims paid for, if gr	eater than 3.						
3. APPLICATION SIZ									
If the specification an									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sh	eets <u>N</u> ı	umber of each a	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)		
- 100 =		/ 50 =	(rou	nd <b>up</b> to a whole nu	mber) x		=		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): Two-month extension of time (\$450), Submission of IDS (\$180) = \$630									
SUBMITTED BY									

SUBMITTED BY					
Name (Print/Type)	Paul P. Kiel	Registration No. (Attorney/Agent)	40,677	Telephone	609-734-6815
Signature	kep/h				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trackerark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DN TOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.